тот				Effective January 1, 2003											
TOT	CLAIMS AS FILED - PART I SMALL ENTITY OTHER TH (Column 1) (Column 2) TYPE OR SMALL ENTITY														
TOTAL CLAIMS							RAT	ΕŢ	FEE	1 1	RATE	FEE			
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	375.00	OR	BASIC FEE	.750.00			
TOTAL CHARGEABLE CLAIMS			ninus 20=				X\$ 9	_	1	OR	X\$18=				
INDEPENDENT CLAIMS			\$ 1 in	nus 3 =		· L		_		OR	X84=				
MUL	TIPLE DEPEN	DENT CLAIM P	RESENT				+140	_	 -	OR	+280=				
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA			OR	TOTAL	200				
CLAIMS AS AMENDED - PART II (Column 1) 4-19-04 (Column 2) (Column 3)									NTITY	OR	OTHER SMALL I				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
	Total	· X/	Minus	<u>~07</u>	Ď_	=	X\$ 9	-		OR	X\$18≃				
AME	Independent	* 4 NTATION OF M	Minus	*****	5 61 414	= /	X42	=		OR	X8 6 =	86			
<u>' </u>	PIRST PRESE	NIATION OF M	OLTIPLE DEP	ENDEN	CLAIM		+140	=		OR	+280≈				
9.	-14-65	· (Column 1)		⊹. (Colur		(Column 3)	TO ADDIT: F	- •		OR	TOTAL ADDIT. FEE				
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
ΙŽΙ	Total	. 8/	Minus	** 8	<i>/</i>	=	X\$ 9	=	-	OR	X\$18=				
AME	Independent	NTATION OF M	Minus	***4	CL AIM	-	X42:	-		OR	X84≈				
<u>t l.'</u>	MOTPHEOL	ATATION OF W		CHOCK			+140	=		OR	+280≃				
	3-1-00			10 1.	- 0\		ADDIT, F			OR	TOTAL ADDIT. FEE				
AMENDMENT C	<i>/</i> / 0 ·	CLAIMS REMAINING AFTER AMENDMENT		(Colui HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
NDM	Total	-81	Minus	** 8		2	X\$ 9	_		OR	X\$18=				
AME	Independent	+ 4	Minus	***	C 4114	=	X42:	_		OR	X84=				
للا	FIRST PRESE	NTATION OF M	OLTIPLE DEF	ENDEN	CLAIM		+140	_		OR	+280=				
* If the entry in column 1 is less than the entry in column 2, write "0" In column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE				

Application or Docket Number